

## STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

FILED EFFECTIVE

Title 30, Chapters 21 and 23, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

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SECRETARY OF STATE STATE OF IDAHO

1.	The name	of the	limited	liability	partnership	is.
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Printed Name: Charles Smart

## Charles Smart Property Management LLP

(Remember to include the words "Limited Lightlifty Partnership." "Remistered Limited Lightlifty Partnership." or the normitted abbreviations)

	(If the limited liability partnership is a <u>professional entity</u> (as indicated in #7) the name may include the word "professional" before the word "limited." of the letter "P" at the beginning of any of the permitted abbreviations.)					
2.	The street address of the limited liability partnership's principal office is:					
	6454 W Tobi Dr., Boise, Idaho 8	3714				
	(Street Address)					
	(Malling Address, if different)					
3.	he street address of an office in this state, if any (if different from #2):					
	(Street Address)					
4.	Name and street address of the registered agent:					
	Charlotte Rosen	6454 W Tobi Dr.,	Boise, Idaho 83714			
	(Name)	(Address)				
5.	Mailing address for future correspondence (annual report notices):					
	6454 W Tobi Dr., Boise, Idaho 8	, , ,				
	(Address)					
6.	By filing this document with the Secretary of State, the partnership named herein elects to be a limited liability partnership.					
7.		e partnership agrees that it	he Code, in the space below, and by filing this is duly licensed or otherwise legally authorized to hal limited liability partnership.			
	(If applicable, enter one of the perm	itted professional services here. *	Check instructions for list of permitted professions)			
8.	Signatures of all partners:		Secretary of State use only			
	· ·		IDAHO SECRETARY OF STATE			
Prir	nted Name: Charlotte Rosen	<i>A</i>	05/26/2017 05:00 CK:13479404 CT:172099 BH:1586046			
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